STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
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NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY			STREET ADDRESS 3737 MARKE PHILADELP	ET STREET,	, 11TH FLOOR	ı	
STATE LICENS	E NUMBER: 50661501						
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S 0000	This report is the result of a State licensure survey conducted on Feburary 6, 2023, and completed on Feburary 8, 2023, at Penn Digestive and Liver Health Center University City. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.			S 0000 S 5566			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:	

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PENN DIG UNIVERS		ALTH CENTER	STREET ADDRESS 3737 MARKE PHILADELP	T STREET,	, 11TH FLOOR		
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S 5566	Continued from page 1			S 5566			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)		t the ient shall ogist length least		February 13-15, 2023, the A Medical Director of Penn Di and Liver Health (PDLH) Ce the Penn Presbyterian Medic Center (PPMC) Chief Medic (CMO) met to review the sur finding and evaluate the stan They developed a plan to op electronic medical record (E charting to create an alert to ensure all providers are docu their post-anesthesia assessm before discharging the patier. Upon receipt of the finding, Anesthesia leadership sent at on February 22, 2023, explaineed to perform and docume post-anesthesia assessment be discharging the patient. PDLH Policy 22.07 "Anesth Evaluation" was reviewed ar modified by the PLDH anest leaders on March 8, 2023, to the following statement: "Before each patient discharganesthetist or anesthesiologis	gestive enter and cal cal Officer rvey dard. timize MR) help menting nent at. n email ining the ent the before esia ad thesia include	Completion Date: 05/23/2023 Status: APPROVED Date: 04/30/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: _00		EY
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S 5566	Continued from page 2			S 5566	complete the post-anesthesia evaluation and document its completion within the medic record. The entry must includate and time the post-anesthevaluation is complete at the care. This post-anesthesia evaluation is for the surgery procedure for all patients recigeneral, regional, and monito (MAC)." The PennChart support team optimized the EHR interface alert to assist PDLH provide accurately recording the date stamp of the actual post-anese evaluation as of March 1, 20 The PDLH Anesthesiology is responsible for the post-anese evaluation will receive and ceducation with documented evidence of education by Ma 2023. The PDLH Anesthesia Medic Director or designee will reveleast then (10) records each in	al de the nesia point of or eiving or care has with an rs in e/time sthesia 23. taff thesia omplete arch 31,	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501			STREET ADDRESS, 3737 MARKE PHILADELPH	T STREET,	, 11TH FLOOR		
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S 5566	Continued from page 3			S 5566	30 in a quarter to measure compliance with the timeline completion of the post-anestle evaluation. Numerator: Number of disch with post-anesthesia evaluation before discharge from the ASD Denominator: Total number medical records reviewed in The Anesthesia Medical Dire will review an aggregate reptimeliness of post-anesthesia evaluations per standard and present the data to the PDLH Committee at least quarterly ongoing Quality Assurance a Performance Improvement (QAPI). There will be at least 30 observations, and this report reviewed until compliance casustained at 100% for four quafter this period, the commit re-evaluate the frequency of report submitted to the Quality and the compliance of the commit re-evaluate the frequency of report submitted to the Quality and the compliance of the commit re-evaluate the frequency of report submitted to the Quality and the compliance of the commit re-evaluate the frequency of report submitted to the Quality and the compliance of the commit re-evaluate the frequency of the commit re-evaluat	narges ions SF of PDLH ector out of the a I H Quality for and will be an be quarters. ttee will	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390223		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 02/27/2023	ΣY
NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501			STREET ADDRESS, 3737 MARKE PHILADELPI	CITY, STATE, Z T STREET,	IP CODE: 11TH FLOOR		
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S 5566	Continued from page 4			S 5566	Committee. The audit will be April 1, 2023. Responsible Party: Penn Dig and Liver Health (PDLH) Conditional Administrator	gestive	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390223			DO	(X3) DATE SURVE COMPLETED: 02/27/2023	EY
NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501			STREET ADDRESS, 3737 MARKE PHILADELPI	T STREET	, 11TH FLOOR	ı	
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S 5566	Based on review of the records (MR) and interdetermined the facility Post-Operative Anesth Post-Operative Anesth completed and docume record by the anesthetic the patient's discharge records reviewed (MR). Findings include: Review on February 8, "(555.33 Anesthesia Podated received via ema EMP3 at the request or "Purpose: Post Operation olater than 48 hours patients receiving anest anesthesiologist. Scope Digestive and Liver Houriversity Medical Cepolicy: Before Disc	rview with staff (EM failed to ensure the resia Evaluation and resia Evaluation Note ented in the patient's fat after surgery and for three of three med 1, MR2 and MR3). 1, 2023, of the facility olicies and Procedural correspondence for the surveyor reveal rive Assessment is conferred to the procedure of the surveyor attending the earth (PDLH) Center earth and the content and the surveyor are the procedure of the surveyor attending the earth (PDLH) Center earth and the surveyor are the procedure of the surveyor attending the earth (PDLH) Center earth and the surveyor are the procedure of the surveyor are the procedure of the surveyor and the surveyor are the procedure of the surveyor are the procedure of the surveyor and the surveyor are the s	IP), it was patient's the e was medical prior to edical v's policy res) not rom ed empleted for all ng s to Penn r at ices.	S 5566			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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S 5566	Continued from page 6 (ambulatory surgical farevaluated for proper are anesthetist, the operation anesthesia and length of check shall include at land Activity, (ii) Respirated Level of consciousness pulse oximetry." Review on February 7, September 13, 2022, fare "Colonoscopy Flexible monitored anesthesia or Post-Op Anesthesia Evand signed by OTH1 are 2022, at 10:19 AM. Frovealed a discharge data, 2022, at 9:48 AM. provide evidence of deanesthetist completed to Evaluation and the Post Note prior to the discharge of the color of of th	nesthesia recovery by ng room surgeon, atist. Depending on the of surgery, the postor least the following: (ary (iii) Blood Pressurs (v) Oxygen saturates, 2023, of MR1, admor a surgical procedure, EGD Flexible" with eare (MAC) revealed avaluation Note was and dated September surther review of MR ate and time of September are the facility was unable to the Post-Op Anesthesia Everyone at the Post-Op Anesthesia Everyone at the Everyone at the Post-Op Anesthesia Everyone	he type of perative (i) Level of tre (iv) to by whitted on the the puthored 13, 11 the puthored ember to be to be assia aluation	S 5566			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390223			IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 02/27/2023	EY
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S 5566	Review on February 7 August 2, 2022, for a "Colonoscopy" with m (MAC) revealed the Poly Note was authored and August 2, 2022, at 3:10 MR2 revealed a dischat 2, 2022, at 3:06 PM. The provide evidence of dot anesthetist completed to the Evaluation and the Poly Note prior to the dischastility. Review on February 7 January 24, 2023, for a GI and Colonoscopy" care (MAC) revealed to Evaluation Note was a and dated January 24, review of MR2 revealed on January 24, 2023, and and January 24, 2023, and January	surgical procedure nonitored anesthesia ost-Op Anesthesia Ed signed by OTH1 and OPM. Further reviewarge date and time or The facility was unable ocumentation that the Post-Op Anesthest-Op Anesthest-Op Anesthest-Op Anesthestarge of MR2 from the surgical procedure with monitored anesthe Post-Op Anesthest the	care valuation ad dated v of n August le to e sia aluation he "Upper thesia sia by OTH2 urther and time	S 5566			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		EY
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S 5566	unable to provide evidence of documentation that the anesthetist completed the Post-Op Anesthesia Evaluation and the Post-Op Anesthesia Evaluation Note prior to the discharge of MR3 from the facility. A telephone interview conducted on February 7, 2023, at 10:20 AM with EMP1, EMP2 and EMP3 confirmed Post-Op Anesthesia Evaluations and the Post-Op Anesthesia Evaluation Notes for MR1, MR2 and MR3 was not completed prior to discharge by the anesthetist as required by the "Department" regulations for an ambulatory surgical facility.		sthesia aluation ne facility. ary 7, I EMP3 s and the MR1, the	S 5566			
S 6128				S 6128			

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()		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501 (X4) ID PREFIX TAG S 6128 Continued from page 9		PHILADELP!	T STREET,	11TH FLOOR	OULD BE	(X5) COMPLETE DATE		
	Continued from page 9 561.15 Locked Storage Special locked storage space shall be provided to mee requirements for storage of controlled substances, alcohol and other prescribed drugs as set forth in Chapter 25 (relating to controlled substances, drugs, devices and cosmetics) and 49 Pa Code 27.16 (4) and 27.17 (relating to construction requirements and security for Schedule II controlled substances). This REGULATION is not met as evidenced by:		lcohol 5 d ating to		- Immediately upon the survobservation on February 6, 2 mobile carts were secured at direction of the Penn Digesti Liver Health Center Univers (PDLH) Center Director of N (DON). - During huddles the week of February 6, 2023, the DON 6 staff to re-emphasize the impof securing all needles and sy in bedside carts before leaving bedside. The completion date February 10, 2023. - Nursing leadership collabor with Regulatory and Pharma representatives on the action on February 28, 2023. The tereviewed PDLH Policy 20-00 Medication Management. It determined that revisions we necessary, including changing title to 'Medication Managemens Supplies" and including the following revisions to the postatement:	023, the the ve and ity City Nursing of educated cortance syringes ng the e was orated cy plan eam 07 ore ng the nent and	Completion Date: 05/23/2023 Status: APPROVED Date: 04/30/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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S 6128	Continued from page 10			S 6128	"All medication, needles, and syringes will be secured in locontainers/areas or password-protected automate dispensing devices when not active use with clinical staff." - In addition, PDLH Nursing leadership replaced the supplused to secure the storage of needles and syringes with an enhanced model to improve security of the carts for patie safety. The push pad and lever manually locking the supply were replaced with carts with electronic keypad and lockin mechanism. The upgraded sucarts have an improved, more locking mechanism, requiring steps which will aid compliate patient safety. The completical for the supply carts was Maragora. Staff received education on operating and securing the carwith the electronic keypad and locking mechanisms and the	ed in present. ly carts the ent er carts en an grapply er secure grewer er end on date ech 7,		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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S 6128	Continued from page 11			S 6128				
					medication management and	1		
					supplies policy by March 7,			
					Staff education emphasizes t	the		
					importance of patient safety			
					regarding securing all needle			
					syringes by locking bedside immediately before leaving t			
					bedside area.			
					- Starting on March 13, 2023			
					Director of Nursing or design conduct at least ten (10)	nee will		
					observations of the carts per	week		
					that will be aggregated mont	thly for		
					reporting quarterly to the PD Patient Safety Committee an			
					PDLH Quality Committee.	id the		
					-The numerator complies with	th the		
					PDLH Policy 20-2007 Medic	cation		
					Management and Supplies; t			
					observer identifies that the casecure and no patients can ac			
					medications, needles, or syri			
					-The denominator is the num	nber of		
					observations of the carts.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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S 6128	Continued from page 12			S 6128	- Staff will receive feedback occurrences related to the set of medications, needles, and syringes. - In addition, The Environme Care (EOC) multidisciplinar with Infection Control, Reguloperational leaders, and Safe representatives will round at quarterly to oversee compliant securing needles and syringes the carts. The Director of Nursing (DC designee will aggregate data the Nursing observations of carts and the EOC rounds. The aquarterly data report to applicate the policy of the policy of the carts and the EOC rounds. The aquarterly data report to a policy of the quality Committee was chieving compliance at 100 four quarters for ongoing quassurance and performance improvement (QAPI). After period, the Quality Committee revaluate this indicator's mand future reporting. The observations will begin the vertical series of the ser	ent of ry team ulatory, ety eleast unce with es on ON) or from supply there will the uittee and ntil 9% for ality this ee will netric	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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S 6128	Continued from page 13			S 6128			
					March 13, 2023. Accountable Party: Penn Di	igestive	
					Liver and Health (PDLH) Co Administrator		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 390223				IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 02/27/2023	ΞY	
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S 6128	Based on an observation staff (EMP), it was deensure sharp devices (sin a mobile storage unit when not in use by lice. An observational tour 2023, at 10:50 AM with unlocked mobile storage syringes and needles in Further observation restorage unit in Bay 6 with unlocked. At the time of unlocked mobile storage staff or medical unlocked mobile storage and needles and An observational tour 2023, at 10:55 AM with unlocked mobile storage unlocked mobile storage and an observational tour 2023, at 10:55 AM with unlocked mobile storage unlocked mobile storage unlocked mobile storage and an observational tour 2023, at 10:55 AM with unlocked mobile storage unlocked mobile unlocke	termined the facility syringes and needles it was secured and locensed personnel. conducted on February in the EMP2 revealed a ge unit with package in Pre-Operative Bay wealed the unlocked was left unattended a of the observation to all staff was within vige unit containing the syringes.	r failed to) housed bocked ary 6, n ed 6. mobile nd ur no ew of the e	S 6128			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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S 6128	syringes and needles in Further observation revisions storage unit in Bay 3 with unlocked. At the time of nursing staff or medical unlocked mobile storage packaged needles and storage units in Pre-Operative Bay 3 with various sizes of package tuberculin syringes. Estaff or medical staff with unlocked mobile storage units in Pre-Operative Bay 3 with various sizes of package tuberculin syringes. Estaff or medical staff with unlocked mobile storage units in Pre-Operative Bay 3 with various sizes of package tuberculin syringes.	vealed the unlocked vas left unattended at of the observation to all staff was within vige unit containing the syringes. d on February 6, 202 confirmed the moberative Bay 6 and vas unlocked and conged needles, syringes MP2 confirmed no mas within view of the vas within view of the vas within view of the vas left unattended as within view of the vas within view of the vas within view of the vas left unattended as vas within view of the vas left unattended as vas within view of the vas left unattended as vas view of the vas view of the vas left unattended as view of the vas view of vi	mobile nd ur no ew of the e 23, at oile stained s and sursing	S 6128			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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		` '	IDENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		390223		A. BLDG:00_ B. WING: 02/27/2023			
NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501			STREET ADDRESS 3737 MARKE PHILADELP	T STREET,	, 11TH FLOOR		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6739	Continued from page 17 567.31 HOUSEKEEPING S 567.31 Principle Parts of the facility, the be kept clean and free of vermin. insects, rode This REGULATION is not	e premises and equipments and litter.	nt shall	S 6739	Plan of Correction: The Central Processing Department (CPD), including scope processing room, steri storage, prep and pack area, decontamination room, were immediately cleaned and dis by environmental services (Estaff at the direction of the Emanager following the surve observation; completion date February 6, 2023. EVS management met with staff following the observation review the findings to prevent re-occurrence and reinforce compliance. The EVS leadership team of the CPD at the facility and in building revised the EVS teat complement to clean and decontaminate the CPD. The staff collaborated with the C and Regulatory to modify an enhance the EVS Terminal C Logs and a corresponding position.	le and the infected EVS) VS yor's E, th EVS on to to ta a cleaning the the the staff EVS PD staff dd Cleaning	Completion Date: 05/23/2023 Status: APPROVED Date: 04/30/2023

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	t:		PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΣY
		390223		1		02/27/2023	
NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501		ALTH CENTER	STREET ADDRESS, 3737 MARKE PHILADELPI	T STREET,	11TH FLOOR		
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S 6739	Continued from page 18			S 6739	CPD, Infection Control (IC), Regulatory, and EVS leaders approved the policy and the form. Completion date: Marc 2023. - The EVS cleaning logs wer modified to include a separatchecklist for each room, startclean to dirty: 1. Sterile Stora Prep and Pack; 3. Scope Rood 4. Decontamination. When the workday is complete, the EV must clean and disinfect each according to the newly desig quality control checklists. - The EVS manager completeducation to EVS staff and Comanagers on the new quality logs and corresponding policy March 10, 2023. The education reviewed infection control progeneral sanitation, cross-contamination risks, are overall policy on cleaning the control of the EVS staff who clean and disinfect the CPD area had to the control of the EVS staff who clean and disinfect the CPD area had to the control of the EVS staff who clean and disinfect the CPD area had to the control of the EVS staff who clean and disinfect the CPD area had to the control of the EVS staff who clean and disinfect the CPD area had to the control of the EVS staff who clean and disinfect the CPD area had to the control of the control of the EVS staff who clean and disinfect the CPD area had to the control of t	ship revised ch 7, re te te ting with age; 2. om; and he CPD rS staff h room and ted staff CPD control ry by ton rinciples, and the e CPD.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		390223			<u>00</u>	02/27/2023	
PENN DIG UNIVERSI	VIDER OR SUPPLIER: ESTIVE AND LIVER HEA ITY CITY DE NUMBER: 50661501	ALTH CENTER	STREET ADDRESS, 3737 MARKE PHILADELPH	T STREET,	11TH FLOOR		
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S 6739	Continued from page 19			S 6739	complete the CPD forms as a competency to ensure they we using the tool correctly. Furthey had to re-complete the geVS Competency evaluation March 10, 2023. The EVS Madministered both competency every eve	vere her, general h by Ianager cies. PD nd ership cPD hip team ck to the is being provide VS nted on on days will sign ontrol vided to	

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	R:		PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	Y
		390223				02/27/2023	
NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501		ALTH CENTER	STREET ADDRESS, 3737 MARKE PHILADELPI	T STREET,	11TH FLOOR		
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S 6739	Continued from page 20			S 6739	- For any evidence of non-compliance, the EVS madesignee must respond with a implemented to resolve the cand ensure that the staff recesufficient time to clean and dithe department per standard. huddle topics for staff educate correspond with observations findings. - The Environment of Care (Imultidisciplinary team, inclustification Control (IC), Reguland Safety, will round at least quarterly to oversee compliance ensure the CPD is being clean policy and standard. The Penersbyterian Medical Center and PDLH management team also participate in rounding a evaluating the contract relate ongoing compliance with EV requirements. - The data from the CPD qual audits and the EOC rounds was aggregated and reported to the	actions concern ives lisinfect The tion will s and EOC) ding latory, st nce and ned per nn (PPMC) n will and ed to 7S	

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PLAN OF CORRECTION (POC) (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 390223			A. BLDG: _	00	(X3) DATE SURVEY COMPLETED: 02/27/2023		
PENN DIG UNIVERSI	VIDER OR SUPPLIER: LESTIVE AND LIVER HEA LTY CITY E NUMBER: 50661501	ALTH CENTER	STREET ADDRESS, 3737 MARKE PHILADELPI	T STREET,	11TH FLOOR		
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S 6739	Continued from page 21			S 6739	PDLH Patient Safety Committee and the PDLH Quality Committee quarterly until achieving compliance at 100% for four quarters for ongoing quality assurance and performance improvement (QAPI). After this reporting period, the Quality Committee will re-evaluate this indicator's metric and future reporting frequency. Accountable/Responsible party: Penn Digestive and Liver Health (PDLH) Center Administrator		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 390223				IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 02/27/2023	EY	
PENN DIG UNIVERS	NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501			CITY, STATE, Z T STREET HIA, PA 19	, 11TH FLOOR		
STATE LICENS (X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH I PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 6739	Based on observation of interview with staff (E the facility failed to en utilized for patient prosafe environment. Findings include: Observation on Februar with EMP2, EMP5 and Prep Workstation Area the Central Processing thick layer of dust and Review of facility doce Porter/Matron Job Des 18, 2014, revealed "Job Functions: Be able to put which typically include following: 1) Be able to assignments with accurate furniture, equipment, wo other assigned areas."	MP), it was determinesure surgical instrumcedures was processed at 12:45 d EMP6 revealed a Carwith an overhead has Department covered grime. Under Cleaner/Janies cription last review b SummaryEssention berform all assigned e, but are not limited to perform all cleaning racy and efficiency	PM Clean ood in d with a tor/Day red June ial tasks I to the ng .Dust	S 6739			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 390223			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 02/27/2023	ΞY	
NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501			STREET ADDRESS, 3737 MARKET PHILADELPH	T STREET,	11TH FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6739	An interview conducte 1:00 PM with EMP2, I the overhead hood in the Area located in the Cer was covered with a thic EMP1 and EMP2 conf Processing Department memorandum of under the hospital and the amprovide instrument dec Digestive And Liver H surgical facility). EMP for this area is approximated to provide the cle and equipment to clear inclusive of the window hood."	EMP5 and EMP6 conhe Clean Prep Works Intral Processing Depick layer of dust and gramed that the Central It was contracted through the contamination service contamination service lealth Center (an amb 25 stated "The cleaning mately five-feet-two caner with the necessing high dust in this area.	23, at infirmed station partment grime. al pugh a between cility to es to Penn bulatory ing person of I will eary tools ea	S 6739			

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Certified End Page

PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY

STATE LICENSE NUMBER: 50661501 SURVEY EXIT DATE: 02/27/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY